

TOWN OF GEORGETOWN

1 Library Street, Georgetown, Massachusetts 01833

Request for Public Information

To:

Date _____

Re: Public Records Request for Information

Please provide me with the following information (Include applicable names, addresses, file #, dates, etc.):

Requester's Name: _____

Address: _____

Phone: _____

Signature: _____

Request Being Made By: (check one)

- ☐ Written Hand Delivered
- ☐ Written Mail or Fax Delivered
- ☐ Telephone Conversation
- ☐ Email Transmission

Please Provide Information Via:

- ☐ Hand Delivery
- ☐ Mail Delivery (include address)
- ☐ Facsimile Transmission (include number)
- ☐ Email Transmission (include address)

(Department Use ONLY)

FEES: Search & Copy Fee (May include Mileage or Paid out of Office Charges)
(Min. ¼ Hr Public Record Search Fee)
Rate \$ _____ X Search & Copy Time _____ = _____
8.5x11 inch (or legal) Copies _____ x .20 per page = _____
11x17 inch Copies _____ x .50 per page = _____
Computer Printer pages _____ x .50 per page = _____
Deliver Charges/Postage _____

PLEASE REMIT PAYMENT TO: Town of Georgetown
Attn: (Fill in Department Name)
1 Library Street
Georgetown, MA 01833

Total Balance _____
Less Deposit Made _____
Total Balance Due _____

Please Make All Checks Payable to the Town of Georgetown ~ Thank You